

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's Signature:**

Supervisor's Approval:	Title:	Date:
Fiscal Verification:	Title:	Date:
Fiscal Approval:	Title:	Date:
Entered Into HR/CMS By:	Title:	Date:

Employee Reimbursement Form Con't

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